

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000075521**

1. Entity Name  
**ZELERION CORPORATION**



Principal Place of Business  
**P.O. BOX 950403  
LAKE MARY, FL 32795**

Mailing Address  
**P.O. BOX 950403  
LAKE MARY, FL 32795**

**DO NOT WRITE IN THIS SPACE**



05042004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0093785**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SOBOLEWSKI, TIM R  
2829 S. SANFORD AVE.  
SANFORD, FL 32773**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SOBOLEWSKI, LUCIEN F IV
STREET ADDRESS	P.O. BOX 950403
CITY-ST-ZIP	LAKE MARY, FL 32795
TITLE	VP
NAME	SOBOLEWSKI, TIM R
STREET ADDRESS	P.O. BOX 950403
CITY-ST-ZIP	LAKE MARY, FL 32795
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Francis Sobolewski* **FRANCIS SOBOLEWSKI** **5-1-04** **407 302 394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #